2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090200

BOYLE, JANET A

SARASOTA, FL 34236

64 E. ROYAL FLAMINGO DR.

Name:

Address:

City-St-Zip:

Entity Name: U.S. TENT RENTAL, INC.

FILED Feb 25, 2009 Secretary of State

Entity Nar	ne: U.S. IEN	IT RENTAL, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2006 72NE SARASOT	DR E A, FL 34243						
Current Mailing Address:			New Maili	New Mailing Address:			
2006 72NE STE C SARASOT	D DR E A, FL 34243						
FEI Number:	65-1136131	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	NET A YAL FLAMING A, FL 34236	O DR US					
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,		
SIGNATUR	RE:						
	Electror	nic Signature of Registered A	gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () BOYLE, CLIFF 5051 HOULE P SARASOTA, FL	LACE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () BOYLE, TIMOT 5144 SANDY S SARASOTA, FL	HORE AVE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	BOYLE, BRIAN	FLAMINGO DR	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title:	SD () Delete	Title:	SD (X) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

BOYLE, JANET A

SARASOTA, FL 34236

464 E. ROYAL FLAMINGO DR.

SIGNATURE: BRIAN F. BOYLE TD 02/25/2009